

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/940,242-Conf. #7182
	Filing Date	August 27, 2001
	First Named Inventor	Michael L. Van De Vanter
	Art Unit	2193
	Examiner Name	Todd D. Ingberg
	Attorney Docket Number	20910/1205554-US1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☒ the practitioners of record associated with Customer Number: 62663

NOTE: This immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input checked="" type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) | Please explain below: |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☒ The address of the inventor or assignee associated with Customer Number: 24726

OR

B. ☐ Inventor or
 Assignee Name

Address

City State Zip Country

Telephone Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name John W. Branch Registration No. 41,633

Address Derby & Darby PC
 Church Point Station
 P.O. Box 770

City New York State NY Zip 10008 Country USA

Telephone (212) 527-7700 Email patents@darbylaw.com

Date January 19, 2009 Telephone No. (206) 262-8906

NOTE: Withdrawal is effective when approved rather than when received.